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| Public Health Laboratory of East Texas  The University of Texas  Health Science Center at Tyler | | | CLIA# 45D1011121 | |
| 11949 US Highway 271 N  Tyler, Texas 75708 | | Laboratory Director  Richard J. Wallace Jr., M.D. | | |
| Phone 903-877-5071  Fax 903-877-5259 | | 24-hour Emergency Phone  903-312-3537 | | |
| **SP32-20080805-111438SUBMITTER INFORMATION** | | | | | | |
| SUBMITTER | | | | | | |
| ADDRESS | | | | | | |
| CITY STATE TX ZIP CODE | | | | | | |
| PHONE email- FAX | | | | | | |
| LABORATORY CONTACT NAME AND NUMBER (FOR QUESTIONS) | | | | | | |
| PANIC VALUE-CONTACT NUMBER (24/7) | | | | | | |
| **PATIENT INFORMATION PLACE LABEL HERE** | | | | | | |
| **PATIENT NAME (LAST, FIRST, MI)** | | | | | | |
| **DATE OF BIRTH** AGE SEX Male/Female SSN | | | | | | |
| ADDRESS CITY STATE/ZIP CODE | | | | | | |
| **DATE AND TIME OF COLLECTION** | | | | PHONE | | |
| DATE OF ONSET DIAGNOSIS/SYMPTOMS RISK | | | | | | |
| OUTBREAK ASSOCIATON: Y/N SURVEILLANCE: Y/N CIRCLE ONE: INPATIENT/OUTPATIENT | | | | | | |
| ORDERING PHYSICIAN | | | | | | |
| **SPECIMEN SOURCE OR TYPE** (Circle one) | | | | | | |
| PLASMA | WHOLE BLOOD | | | NASOPHARYNGEAL SWAB/ASPIRATE | | |
| WOUND SWAB/ SOURCE- | | | | THROAT SWAB | | SPUTUM |
| TRACHEAL ASPIRATE | PLEURAL FLUID | | | SERUM | | CSF/SPINAL FLUID |
| BACTERIAL ISOLATE | VIRAL CULTURE | | | OTHER (describe) | | |
| TEST REQUESTED (Place a check mark in the box to the left of the test requested) | | | | | | |
| * **BIOTERRORISM RULE IN/RULE OUT SUSPECTED ORGANISM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **INFLUENZA BY RT-PCR** * **AVIAN FLU** * **ARBOVIRUS PANEL (includes Zika, dengue, and Chikungunya** * **COVID-19 PCR** * **OTHER (specify)** | | | | | | |
| **TO BE COMPLETD BY PHLET PERSONNEL:** | | | | | | |
| **OTHER TESTS: CALL PHLET FOR APPROVAL** | | | | | | |
| Specimen received by Date/Time | | | | | | |
| Condition: Refrigerated 2-8 Celsius Room Temp 15-30 Celsius Frozen less than -20 Celsius | | | | | | |

**FOR ALL BT SUBMISSIONS and tests marked with an \* NOTIFY DSHS at 1-866-310-9698**

IF APPLICABLE, PLEASE DESCRIBE ANY EXPOSURES RELATED TO THIS SUBMISSION: